

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0101	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2012
NAME OF PROVIDER OR SUPPLIER BRIARCLIFF HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 100 ELMHURST DR OAK RIDGE, TN 37830		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation the facility failed to maintain the condition of the building.</p> <p>The findings include:</p> <p>Observation on April 18, 2012 between 9:30 a.m. and 11:30 a.m. revealed that the facility has penetrations in the following locations:</p> <ol style="list-style-type: none"> 1. Storage area at the entrance of the freezer has a penetration around the receptacle and the wiring running through the wall above head. 2. The shower room in the West Wing, in the first shower stall has a penetration in the recessed heater. 3. Mechanical room outside of the Physical Therapy area has a penetration in the ceiling around the wiring. <p>Based on observation the facility failed to maintain the condition of the building.</p> <p>The findings include:</p> <p>Observation on April 18, 2012 at 11:25 a.m. revealed that one (1) of two (2) piece of the duct work the grill was rusted off and the other duct work the grill had been removed.</p>	N 831	<p>N-831 Penetrations in the storage area at the entrance of the freezer, in the shower room in the west wing, and in the mechanical room outside of physical therapy will be repaired.</p> <p>The Director of Maintenance will inspect all other areas in the facility, if any other areas with penetrations are identified, the Director of Maintenance will repair as necessary.</p> <p>The Director of Maintenance will complete monthly building inspections to ensure compliance is maintained.</p> <p>The Administrator or designee will randomly observe for penetrations for 3 months. Results will be discussed in the monthly Continuous Quality Improvement meeting comprised of the DON, Risk Manager, Medical Director, Social Services Director, Dietary Manager, Rehab Director, Staff Development Coordinator, Admissions Director, Activities Director, Restorative Nurse, Wound Care Nurse, Director of Medical Records and Administrator for Quality Assurance.</p>	5-19-12

Division of Health Care Facilities

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

CDBR

634W21

If continuation sheet 1 of 2

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN0101	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/16/2012
NAME OF PROVIDER OR SUPPLIER BRIARCLIFF HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 ELMHURST DR OAK RIDGE, TN 37830		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	Continued From page 1 These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on April 18, 2012.	N 831			